June 28, 2016

Patrick O'Donnell, Clerk of the Legislature State Capitol, Room 2018 P.O. Box 94604 Lincoln, NE 68509

Dear Mr. O'Donnell:

In accordance with Nebraska Revised 68-2004, please find attached the report on authorization and denial rates for Medicaid behavioral health services for children under nineteen (19) years of age for the second quarter of the Calendar Year 2016.

Specifically, this report includes, but is not limited to, rates of initial service authorizations, reauthorizations subsequent to initial service authorizations and denials for behavioral health services.

If you have any questions, please contact me. Thank you.

Sincerely

Calder Lynch, Director

Division of Medicaid and Long-Term Care Department of Health and Human Services



LB1063 Medicaid Auth Requests - Quarter 2 Calendar Year 2016 Youth Medicaid Mental Health Authorization Requests Reporting Period: Quarter 2 Calendar Year 2016

					All Yo	All Youth (Ages 0 - 19)	- 19)				
		Initial Servi	itial Service Requests		Re	Reauthorization Requests	on Request	ts	A	All Requests	
Control Control	# of	# of	Point	Archand	# of	# of	Poinod	Author	# of	Doniod	Author
service rype	Persons	Requests	nallian	Anthen	Persons	Requests	Dellied	Antilea	Requests	Dellied	Author
23:59 Observation	28	30		30					30		30
Community Treatment Aid	13	13		13	11	52	1	25	39	1	38
Crisis Residential	2	2		2					2		2
Day Treatment	29	29	1	28	13	20	2	18	49	3	46
Inpatient	411	491	19	472	23	25	22	3	516	41	475
Intensive Outpatient Program	200	203		203	26	75	5	70	278	5	273
Outpatient	45	46	7	39					46	7	39
Partial Hospitalization	71	80		80	40	100	3	97	180	3	177
Professional Resource Family Care											
Psych Testing	715	747	9	741					747	9	741
Psychiatric Residential Treatment Facility	112	117	54	63	83	156	13	143	273	29	206
Therapeutic Group Home	32	32	22	10	15	25	1	24	57	23	34
Other Services	382	453	1	452	81	151		151	604	1	603
All Services Total	2040	2243	110	2133	322	578	47	531	2821	157	2664

			All Youth (Ages 0 - 19)	Ages 0 - 19)		
	Initial Ser	Initial Service Req.	Reaut	Reauth Req.	All Rec	All Requests
Town Transfer of	Denial	Auth	Denial	Auth	Denial	Auth
Service Type	Rate	Rate	Rate	Rate	Rate	Rate
3:59 Observation	%0'0	100.0%			%0:0	100.0%
community Treatment Aid	%0'0	100.0%	3.8%	96.2%	2.6%	97.4%
risis Residential	%0.0	100.0%			0.0%	100.0%
lay Treatment	3.4%	%9'96	10.0%	%0.06	6.1%	93.9%
patient	3.9%	96.1%	88.0%	12.0%	7.9%	92.1%
ntensive Outpatient Program	%0.0	100.0%	6.7%	93.3%	1.8%	98.2%
Outpatient	15.2%	84.8%			15.2%	84.8%
artial Hospitalization	%0.0	100.0%	3.0%	80.76	1.7%	98.3%
rofessional Resource Family Care						
sych Testing	%8.0	99.2%			0.8%	99.2%
sychiatric Residential Treatment Facility	46.2%	53.8%	8.3%	91.7%	24.5%	75.5%
herapeutic Group Home	%8.89	31.3%	4.0%	%0.96	40.4%	29.6%
Other Services	0.2%	8.66	%0.0	100.0%	0.2%	99.8%
Il Services Total	4.9%	95.1%	8.1%	91.9%	2.6%	94.4%